

**THAPAR INSTITUTE OF ENGINEERING & TECHNOLOGY, PATIALA**  
**Centre of Information and Technology Management**  
**REQUISITION PERFORMA TO RESOLVE INTERNET CONNECTIVITY PROBLEMS**

Sr. No.: (To be filled by office of CITM) Received on:

**To: HEAD, CITM**

NAME	Designation	Department	Signature With Date
S. No.	Problem	Response	
1.	Internet is not working	Yes/No:	
2.	LAN port is not working	Yes/No:	
3.	Internet works sometimes	Yes/No:	
4.	Any other problem (Please give enough details)		

Location of affected user:	
Phone at location / other contact:	

**Forwarded and Recommended to Head CITM,**

**SIGNATURE OF HEAD**  
**(HEAD of Department/School/Centre/Section/Unit)**

**To be filled by CITM**

Job assigned to with date:

(System Analyst / HCITM)

Problem Identified:

Signature(Technician/Attendant)

Problem resolved on:

Signature of User:

(HCITM)